

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51							
2	/						52							
3	2						53							
4	1						54							
5	1						55							
6	1						56							
7	1						57							
8	1						58							
9	1						59							
10	1						60							
11	2						61							
12	1						62							
13	0						63							
14	0						64							
15	0						65							
16	0						66							
17	/						67							
18	/						68							
19	2						69							
20	0						70							
21	0						71							
22	0						72							
23	0						73							
24	0						74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
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37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	6													
TOTAL DEP.	2													
TOTAL CLAIMS	87													